(1) PLACE OF SIE/PH CERTIFICATE OF BIRTH File No.—For State Registrar Only STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health . Township of Inc. Town Registration District No-Registered No. (For use of Local Reistrar) City of give name of same instead of street and number.) hospital or other insti-If child is not yet named, make supplemental report as directed eneli eliğd, ນ Number in (7) DATE OF (3) BOY OR or Triplet? order of birth Parents BIRTH-Married? To be answered only in event of Twins or Triple's (Name of Month) (Day) FATHER. MOTHER NAME BEFOR MARRIAG BLANK etc., PRESENT POSTOFFICE OF MOTHER PRESENT POSTOFFICE લો OF FATHER No. SEPARATE AGE AT LAST BIRTHDAY — COLOR AGE AT LAST BIRTHDAY -COLOR ÓR OTHER, RACE (Years) (:8) BIRTHPLAC (12) BIRTHPLA (19) OCCUPAT = (13), OCCUPATI 1180 TRUPLATE No. (20) Number of children born to mother, including present birth Number of children of this mother now living, including present birth CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was of TWENSTOR on the date above stated. WITTE (Signature) (24) State whether Physician or Midwife Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) 191.... Registrar Local Registrar. 1 K. When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

N K

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.